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Bib Data Sheet

CONFIRMATION NO. 1897

<b>SERIAL NUMBER</b> 10/502,237	<b>FILING OR 371(c) DATE</b> 07/22/2004 <b>RULE</b>	<b>CLASS</b> 717	<b>GROUP ART UNIT</b> 2122	<b>ATTORNEY DOCKET NO.</b> P/24-182
<b>APPLICANTS</b> Christian Duraffourd, Paris, FRANCE; Jean-Claude Lapraz, Paris, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR02/03089 09/11/2002				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 0111744 09/11/2001				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 12  <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 2352				
<b>TITLE</b> Method for evaluating a patients biological condition				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	